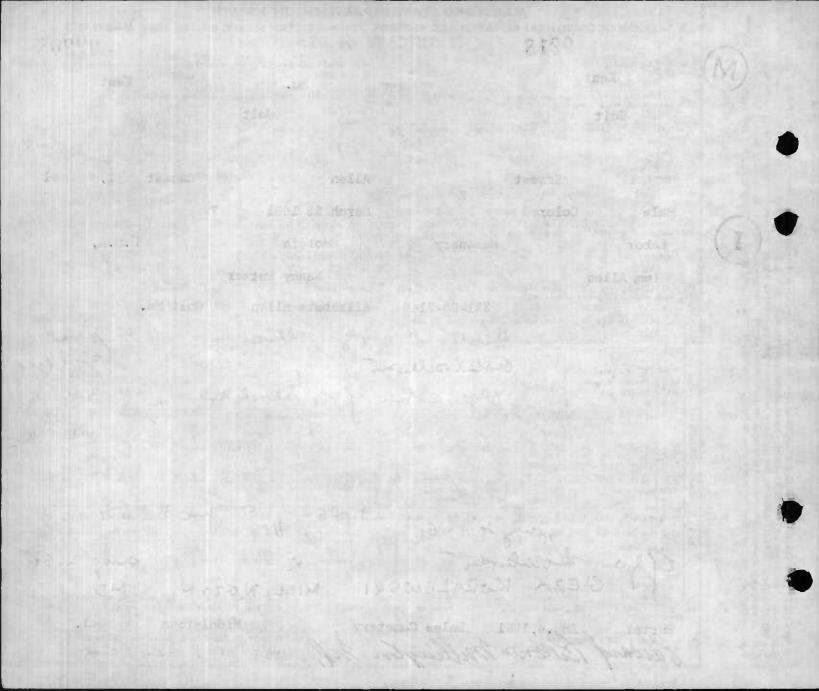
MARYLAND STATE DEPARTMENT OF HEALTH

DI 1, MARYLAND 09208

VISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE
	9218	CERT	IFICATE	OF	DEATH		

1. PLACE OF DEA	TH		2. USUAL RESIDENCE	CE (Whare decessed lived, If Inc	stitution: Residence before edmission)		
a. COUNTY	Kent	MARYLAND	e. STATE Md.	b. COUNTY	Kent		
write RURAL	N (if outside corporete limits, end give neerest town) <b>olt</b>	c. LENGTH OF STAY IN 16		lf outsida corporata limits, write R Golt	URAL and give neerest town)		
d. NAME OF HO	SPITAL OR INSTITUTION (if not	in hospital, giva streat addrass)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?     YES NO X		
3. NAME OF DECEASED	Firsl	Middle	Last	4. DATE Month	Dey Yeer		
(Type or print)	Ernest		Allen	DEATH Augus	t 1, 1961		
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED 6	B. DATE OF BIRTH	9. AGE (In yeers   IF			
Male	Colored WI		March 25 1891		Months Days Hours Min.		
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Coun	ty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Labor	working life, even if felifed)	Masonary	Georgia		U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Lum A	11on		Nancy H	Rutter			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address			
(Yes, no, or unkown)	(If yes give war or detes of service		Elizabeth All	len Golt Mo	d.		
18. CAUSE O	F DEATH [Enter only one caus		DIII DUNCTIN III.		I INTERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY:	arus Come	on och	min	ONSET AND DEATH		
111	The choice of						
Conditions if	Conditions, if any, which to after is cleans						
	geve rise to immediate ceusa						
(a), stating the		Algen extia	of the he	ort muche	3-442		
	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO			IN PART 1(e) 19. WAS AUTOPSY		
PART II. OT  ZOa. ACCIDENT OR CONTRIBUTII (IF EITHER, NOT					YES NO		
	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURED	). (Enter nature of injury in I	Part I or Part II of item 18.)			
Hour a.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (Steta)  P.m. 19 af work at work						
21. I certify	that (1) (this hospital)	attended the deceased from.	Japt 6	1960 to Jul- 31	, 19.67 that (I) (we) last		
21. I certify that (I) (this hospital) attended the deceased from 300 6 to 1900 to 190							
22a. SIGNATUI							
16/20	& Knole	why "		MED. STAFF DIRECTOR PHYS.	Oup 2. GY		
22c. PHYSIQVAN		1 2 1 2 2 2 2 1	22d. ADDRESS				
HAME (T)	pol G-ELA I	CKALEWSK	1 MILL	INGTON	MD.		
	ATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stete)		
REMOVAL (Spec	Aug.4, 196	1 Dales Cemete	rv	Middletown	Del.		
24 FUNERAL DIRECT	OR'S SONATORE	A ADDRESS	1 /25a. REC	C'D BY REGISTRAR 256. REGIS			
aura	of Bellows	Millington	MA DATEAU	G 7 '61 and	my S. Kraus		
	1	1	7/				



			1	
TO HOSI, AL OR AT IDING PHYSICIAN: The law requires that the death cert is be executed him 24 hours after	v filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	ours after death.	
e be execute	sician and complete	nove carbon papers	event, within 72 h	
at the death cert	o offending phy	Then please ren	noval, and in any	
The law requires th	attending physician.	burial-transit permit.	ial, cremation, or ren	
PHYSICIAN:	this certificate	ed for use as the	alth prior to bur	
A7 IDING	be regained by	uld be detach	ate Dept. of He	
OSI AL OR	INERAL DIR	for, page 3 sho	ed with the Sta	
TO H	NS A deat	15 9/6	ij eq (4)	

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OPT OF CERTIFICATE OF DEATH

	A SA T O				11020
1. PLACE OF DEAT	Н				d, If institution: Rasidenca bafore admis
Ker	+	MARYLAND	e. STATE		YTHUC
	(if outside corporata limits,			Id.	write RURAL and give nearest town)
write RURAL ar	nd giva naarast town)	e. LENGTH OF STAT IN ID	c. CITT OK TOWN	(it outside corporate illinits,	Wille KOKAL elle giva licalasi lowili
Go1		3yrs.	[ Go]	+	
d. NAME OF HOSE	TITAL OR INSTITUTION (IF	not in hospital, giva street addrass)	d. STREET ADDRES		e. IS RESIDE
					ON A FA
					YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE M	onth Day Yaar
(Type or print)	George	S. E	Beatty	DEATH Aug.	22. 1961
. SEX			8. DATE OF BIRTH		ears   IF UNDER 1 YEAR   IF UNDER 24 1
. JLA	o. COLOR OR RACE 7	. MARRIED NEVER MARRIED	o. DATE OF BIRTH	last birthda	
Male	White	WIDOWED TO DIVORCED	Feb. 17, 1870	91 yr	1110111113 00/3 110013 11
Oa. USUAL OCCUPA	TION (Giva kind of work	106. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Con	unty & State, or foreign cour	hery) 12. CITIZEN OF WHAT COU
dona during most of w	orking lifa, even if retirad)		_		
Carpente	er	Construction	Penna.		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
George	e D.Beatty		No reco	rd Yarnall	
	VER IN U.S. ARMED FORCE				
	(If yes give war or dates of san		INFORMANT	Add	dress
res, no, or girkown)	(II yes give wall of dales of safe		eorge D. Bea	+tre Gol+ Md	
I to Green on			eorde n. neg	LLy GOIL Ha.	
		ause per line for (e), (b), and (c).]			ONSET AND DEAT
PART I, DEA	TH WAS CAUSED BY:	Porma	~ rocker	P. J.	0,102,7,110,02,71
110	IMMEDIATE CAUSE (e)	00010	Toest	1-00 4	
1 421	DUE TO		1.		
Conditions, if an	y which a	() 8 = 1	1. Palen.	-	
gava rise to Imma	10/10/10	cong	Juan		
(a), stating the	DITE TO				
cause last.		(Separa)	· Zuis	0.11 1.1	
	ED SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT I	OT BELATED TO THE TERM	IN AL PISEASE CONDITION	CIVEN IN PART 1(-) 10 WAS ALITO
Z PAKI II. OITI	EK SIGNIFICANI CONDITIO	SNS CONTRIBUTING TO DEATH BOTT	TOT KEENTED TO THE TERM	MAL MISENSE COMPILION	PERFORME
3		12	milelel		YES NO
PART II. OTH	VAS UNDERLYING     2	206. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	n Part I or Part II of itam 18.)	
OR CONTRIBUTING	G [] CAUSE OF DEATH	DESCRIBE HOW HOOK! OCCOR	Late in ingrape of initials in		
	Y MEDICAL EXAMINER)	41)	/		
20c. TIME OF INJ Hour e.m.	URY Month, Day, Yaer	20d. INJURY OCCURRED   20e. P	LACE OF INJURY (Home, fa	rm, ' 20f. (City or town)	(County) (Stet
Hour e.m.			ctory, street, office bldg., e		
p.m.		at work at work			
		*	(). t	10/2/ 10 Qu -	2 2 - 10/2 (1) (1)
21. I certify	that (I) (Mins hospital	i) attended the deceased from	1	170. (, 10	2.2 19(e/that (1) (we)
saw the decea	ased alive on	196.1., and th	at death occured at.	M, from the caus	ses and on the date stated at
22a. SIGNATURE		4			22b. D/
228. SIGNATORE		611 1.11	ATTENDING	MED. STAFF	- SI
	(2)	Ufull celle	M.D. PHYS.	DIRECTOR PHYS.	1 0/23/6
22c. PHYSICIAN			22d. ADDRESS	NIA	10
NAME (Typ	e) ( e) H	MISTONIEF		WIN CHAIN	TIGHT land
		MILICALIC		MALLER	my
30. BURIAL, CREMA	TION, 236. DATE THERE	OF 23c. NAME OF CEMETER	or Baptist	23d, LOCATION (City	, town or county) (State)
REMOVAL (Spacif	y)			D M	De
Burial	7-33-001-	1961   Lower Maeri		Bryn Mawr	
4 FUNDRAL DIRECTO	SIENATURE	A ADDRESS	/7 2Sa. R	EC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
1.Marans	1/1/lews	mellende 1	10 6/	AUG 25 '61	Cirthur J. Thank
were	1200	1100000 11	DATE		

NAMES OF THE PERSON NAMED IN COLUMN 1985 IN SE AND THE VEST AND THE PERSON NAMED IN COLUMN An element of the control of the con Partiel Sautegaloria Dearen to Bearing Collector Large Comment of the Comment of the

	DIVISION C		AARYLAND ST	RECORDS	PARTMENT (		LTH T, BALTIMO	RE 1, MA	RYLAND
		9220	CERT	IFICAT	E OF DEAT	Н			1192111
1. PL.	ACE OF DEATH COUNTY Ket		W	RYLAND	a, STATE	NCE (Where	deceesed lived, If in b. COUNT	ry Y	idence before admission)
b. 1	CITY OR TOWN (if	outside corporete limits, give neerest town)	c. LENGTH OF		c. CITY OR TOWN	(If outside co	rporete limits, write	RURAL and g	ive nearest lown)
	llington.		FONE		Millington.		ral		
d.	NAME OF HOSPIT	AL OR INSTITUTION (if n	ot in hospitel, give street	eddress)	d. STREET ADDRES	5	1		e. IS RESIDENCE ON A FARM? YES NO
DE	RME OF CEASED (pe or print)	First	Midd	le	Lest	4. DATE OF DEAT			Dey Yeer
5. SE		John  6. COLOR OR RACE   7	U.	naire [ ]   R	Chance DATE OF BIRTH	-	9. AGE (In years		28, 1961 ARI IF UNDER 24 HRS.
Ma		'	MARRIED NEVER MA	KKILD [	March, 17, 18	74	1	Months Da	
10e. l	USUAL OCCUPATION	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINES	S OR INDUSTR	Y 11. BIRTHPLACE (Con	unty & State,		12. CITIZE	N OF WHAT COUNTRY?
-		ired.	Farming.		Md.			U.S.A	A
13. F/	ATHER'S NAME	,			14. MOTHER'S MAIDE	N NAME			
	niel M. C				Mary Chanc	ce			
15. W (Yes, r	AS DECEASED EVE	R IN U.S. ARMED FORCE yes give were relates of serv	S? 16. SOCIAL SECURI	TY NO. 17. I			Address		
			None.		Dudley Chan	ce, Ru	ral Milli	ngton,	Md.
18	PART I. DEATH	EATH [Enter only one ce I WAS CAUSED BY: MMEDIATE CAUSE (e)	Cerebral		sis				ONSET AND DEATH
	onditions, if any	DUE TO	Cerebral	arterio	sclerosis				years.
	ave rise to immedia	ate cause							30000
	), stating the un								
=		SIGNIFICANT CONDITION	ONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	N IN PART 16	e)   19. WAS AUTOPSY
5	Seni:							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED?
) Z			Ob. DESCRIBE HOW INJ	IRY OCCURED	(Enter nature of injury i	n Part Lor Par	t It of item 18.)	_	TIS LI NO LI
UF (IF	R CONTRIBUTING [	CAUSE OF DEATH MEDICAL EXAMINER)	ou process in a training	DKT O COOKED	. (Elliot Hotalo of Highly )				
MEDICAL	Dc. TIME OF INJUR Hour a.m. p.m.	Month, Day, Year	While Not While et work at work		CE OF INJURY (Home, fe ory, street, office bldg., e		City or town)	(County	
		nat (I) (this hospital	) attended the dece	ased from	Jan 61		28 Aug		that (I) (we) last date stated above.
	Ze. SIGNATURE	ed alive on	17	, and mar	death occured at		on the causes a	ing on me	22b. DATE
	MALINE Re, PHYSICIAN'S	ee Oh	luchon	М	.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	PHYS.		29 Aug 61
	NAME (Type)	Wallace Gar	ner Obensha	in, M.D.		n, Mary	land		
23e. I	BURIAL, CREMATIC	ON, 236. DATE THEREC	OF 23c. NAME C	F CEMETERY	OR CREMATORY	23d. LC	CATION (City, tow	n or county)	(State)
_	rial	Aug.31,19	61 Church	Hill Co	emetery	Chur	ch Hill,		Md.
24 FU	INERAL DIRECTOR	SSIGNATURE	14. Mel	lingi	- n. 1	AUG 3 1	lad	ISTRAR'S SIC	
1	- ACCEPT	The state of the s		1	1 1			-	- Charles

A Loron Correct Control Life Loud atomaities AREE, CL. Breat WINE BUN A.E.D. The Hall Takes - PELMINE The delice is deliced Rode, contract the day of the day wis thought femisus . 1216 Lo A M Lo valince Grimer phenometric Coults and Santiana Ale sound of grant this dense Test, It.put. Callet Color and of the land physical physical physical and the physical physical

TO DEP. MEDICAL F. WINER: This certificate shauld be executed within 24 haurs after out. If any consistences are cut the certificate, who go the ward "pending" in pending in them 18. Give Pages 1, 2, the the former factor. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/5S

or removal.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 119211
--	-----------------------

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE R Marry 1 and b. COUNTY D. 1						
Kent MARYLAND	Baltimore City						
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreat fown)  Short	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	Baltimore City d. STREET ADDRESS d. 15 RESIDENCE						
Chesapeake Bay near Tolchester Bea	ONI A FARMS						
3. NAME OF First Middle							
(Type or print) James Michael Cyran	of DEATH Aug. 13, 1961 19						
male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	lost birthday) Atouths Done Hours Min						
WITTLE WIDOWED DIVORCED DI							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
Vending Machine (a) Employee	Maryland USA						
Cd	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVERYN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Address Address						
(Yes, no, or unknown)   (If yes, give war or dates of service)	brs Carol Marie Curan same						
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably 1	Prowning Short						
X \ A X aura	) LOWILLE						
Conditions, if any, which) (b) Boating accident in Chesapeake Bay near							
gave rise to immediate cause (o), stoting the underlying DUE to Tolchester Bead	gave rise to immediate cause (o), stoting the underlying DUE TO Tolchester Beach (RFD Chestertown, Md.)						
Z PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  200. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (III)  CAUSE OF DEATH.	PERFORMED?						
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (I	Ther nature of injury in Part I or Part II of item 18.)						
	CE OF INJURY (Home, form, 20f. (City ar town) (County) (State) ory, street, office bldg., etc.)						
Hour o. m. 19 While Not while of work of work	hesapeake Bay Kent Co. Maryland						
21. I certify that I taak charge of the remains described abo							
death resulted from: Natural causes, Accident Sui	cide 🔲, Hamicide 🔲, Undetermined cause 🔲.						
ACTUAL (1) DIO	DATE SIGNED						
SIGNATURE / Very / Fact	_M.D. CHIEF MEDICAL EXAMINER []						
EXAMINER'S Robert W. Farr	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR							
burial 8-18-61 Baltimore A	lational Baltimore Md						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 240. REGISTRAR'S SIGNATURE							
Leonard J. Ruck 5305 Harford Rd. DATE AUG 18'61 auch 8. Think							

the same the same and the same THE RESIDENCE OF THE PARTY OF T HOURSE V. HERE & CT V. GASTINGE NO.

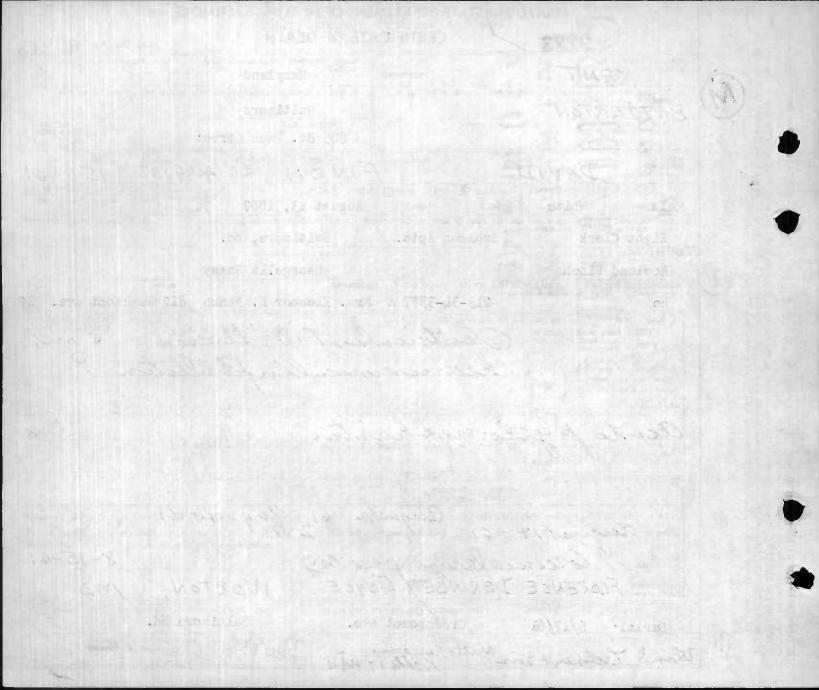
DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND REC PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1m G294 9/13/61 iwc 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Kent Maryland Kent MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) þ write RURAL end give neerest town) filled in Pages 1 hours after Chestertown hrs. Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 107 High Street Kent & Queen Anne's papers. n 72 hou completely 3. NAME OF Middle DATE Month DECEASED OF Dee /Leroy LeRoy Doub 8 19 61 DEATH (Type or print) carbon 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. AGE (In yeers IF UNDER 1 YEAR last birthday) and Months Hours WIDOWED [ Male White DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Supervisor Steam plant-penna plant-13. FATHER'S NAME Railroad U.S. Maryland and in a 14. MOTHER'S MAIDEN NAME attending | Then please David Doub Alice Kenny 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Dover L. Doub (previous adm.) the Chestertown, Md. attending physician.

nas been signed by the burial-transit permit. 18. CAUSE OF DEATH [Enter only one ceusa par lina for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO attending Conditions, if eny, which geve rise to immediate causa certificate har use as the la DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS hospital PERFORMED? elesuit 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Per I for Pert II of item 18.) P LE DIRECTOR: After this case 3 should be detached for the State Dept. of Health pi ched for OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work | et work ........., 19(2)., that (I) (we) last Colorand that death occurred at M. R.M., from the causes and on the date stated above. saw the deceased alive on .... 22a. SIGNATURE SIGNED death. Page 4 r
TO FUNERAL I
director, page 3
be filed with the DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. 18 PENBUT ISER OF Chestertown, Md. OL Chester Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTORIS/SIGNATURE VR A15 (4) Chestertown, Md. 15M 9/60 DATE AUG 8 '61 Orthur & Kraus

Just 16 3.15 Cacabardana Can Chester tooth tag toun S Jebride Held Wil Lent to mean a day Taveoron your Male Maller -the real rest The 2.0 and birst Ligor nemark by the brief to the previous adm.) whencarents. The state of the s 1917年 名がないからいますがあれる White the property of the live 国际为《统门》 医电话多种 医克里斯

VS A15 (4) 1SM 9/S8

er death.



death. Page 4 may be retained by the hospital or attending physician.

Yes a death. Page 4 may be retained by the hospital or attending physician. See a death Page 4 may be retained by the funeral see a the funeral see a s hin 24 hours after be execute DING PHYSICIAN: The law requires that the death cert

TO HOSPITAL OR AT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 9224 CERTIFICATE OF DEATH 09214

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before edmission)					
1	Kent, Chestertown, MARYLAND	•. STATE Maryland b. COUNTY Queen Anne					
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town)					
-	Chestertown four days	Chestertown, R. D.					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE					
)	> Kent and Queen Anne's Hospital	YES NO ON A FARM?					
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF					
	(Type or print) Walter H.	Hadaway, Jr. DEATH August 5 1961					
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey)  Months Days Hours Min					
	Male White WIDOWED DIVORCED	December 17, 1891 69 yrs. Months Deys Hours Min.					
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS						
	farmer  Farming	Maryland U. S.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
-	Malton II Hadarari Co	Virginia Miller					
	Walter H. Hadaway, Sr.  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.						
	(Yes, no, or unkown) (Ilyesgivewerordatesolservice)	Hospital Records - Chestertown, Md.					
	NO 220-34-7204  1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INSPILAT RECORDS - Chester Lown, Ma.					
	and a second sec	ONSET AND DEATH					
	IMMEDIATE CAUSE (6)						
	DUE TO						
	Conditions, if eny, which (b)						
	geve rise to immediate cause (e), stating the underlying  DUE TO						
	ceuse lest, (c)						
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF ITE ITHER, NOTIFY MEDICAL EXAMINER)	YES NO					
7	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	tED. (Enter neture of injury in Pert I or Pert II of item 1B.)					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. F	PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State)					
	Hour e.m.	ectory, street, office bldg., etc.)					
		n 8/ 1941, to R/S 1961, that (I) (we) last					
	21. I certify that (I) (this hospital) attended the deceased from	n					
1	22e. SIGNATURE homes & Solow	M.D. PHYS. MED. STAFF SIGNED PHYS. SIGNED					
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRASS A					
	THOMAS DOLON	Chesterloury, Ma.					
	230 BURIAL CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER	Y OR EREMATORY 23d. LOCATION (City, town or county) (State)					
Ý.	REMOVAL (Specify) 8/8/6/ Wesley	hope Nock ball and					
S.	24 NUNERAL DIRECTOR'S SIGNATURE 2 ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
-	I down I Tame Church to	Collins DATE AUG 10'61 Critican S. Krons					

Ches all techniques and B Lauren La . Ta . Transfell III Lunivist district and state and stat THE TAXABLE TO THE SECOND Accessor - Montifel Henory - Graden Francis THE REAL PROPERTY OF THE PARTY I

# ALTIMORE 1, MARYLAND (19215)

MAISION OF STATISTICAL KESEN	KCH AND RECORDS, 301 W. PRESION SIKEEI, BALIIA
9225	CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)							
Kent	o. STATE Maryland b. COUNTY Kent							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)							
Chestertown 3 days	Reck Hall (rural)							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
Kent & Queen Anne's Hospital	RFD#1 YES NO Z							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer							
(Type or print) Nettie Frances	Mercer DEATH 8 1 19 61							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
Female White WIDOWED DIVORCED	8/1/93   Best birthday)   Months   Deys   Hours   Min.							
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)								
dane during most of working life, even if refired) Housewife	Maryland U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Thomas Poole	Barbara Zellers							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address							
(Yes, no, or unkown) (Ifyesgivewerordefesofservice) 213 14 1221 Mrs	s. Catherine Williams, Rock Hall, Md. (daughter							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY:								
Intracranial hemorrhage 5 days								
Contract of the second	DUE TO							
gave rise to immediata ceuse								
(ay, sieting the undarrying	DIE 70							
couse lest. (c)	VENTUATED TO THE TERMINAL DISEASE COMMITTION ON THE BART WALL TO WAS ALLTONEY							
9	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
S Corenary arteriosclerosis & Con								
OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)							
to the state of th	CE OF INJURY (Home, ferm, '2Df. (City or town) (County) (Stete)							
Hour a.m.  p.m.  While Not While et work et work								
	7/27 161, to 8/1 1961, that (I) (we) las							
	death occured 10							
22a. SIGNATURE	22b. DATE							
Market	ATTENDING MED. STAFF PHYS. AND 1 1061							
22c. PHYSICIAN'S	22d. ADDRESS Aug 1 1961							
NAME (Type) Robert W. Farr	Chestertown Md.							
23a. (BURIAL) CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)							
REMOVAL (Specify) and 3-61 Wenters	Ches Proxi Hall had							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
Allan I I a Co	AUG 7 '61 arilun S. Minus							
Ellejan L. Stare (franch fall DATE								

J.soli.

I dilect a tanne men a deel

into Photo id

colle elano!

eli cacal

Dear Serial

1200 / 150 100

THEF!

TOOTE

6/1/3

Previous services

235 14 12:1 Let . Collected Hiller . Hook H 13 . Let . Cen H 15 .

Laure erundal haberre erun I

Corenery arteriosclerosis & Congestive beart failure

STREET, STREET

seour eide

10/1/3

124 - 4 32000.

19 1/8 19 12/1

Chestertown M.

1891 L non S C S S S

1.5.1.

5 days

fresh of the the County Start

M

L

or removal.

VS. A15ME(5) 5M 9/55

119216

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Kent						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Rock Hall Short	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chestertown						
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  lectric Sub Station (Rock Hall)	d Street address Queen St						
	NAME OF DECEASED (Type or print) C. Allie Myers	Lost 4. DATE Month Doy Year DEATH Aug. 3, 1961						
n	SEX  6. COLOR OR RACE 7. MARRIER NEVER MARRIED   White WIDOWED DIVORCED	8. DATE OF BIRTH Feb. 19, 1902  9. AGE (In years fost birthday) 59 yrs.    If UNDER 1YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.						
100	o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Electrician Mainteance	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA   USA						
13	.FATHER'S NAME Edwin Myers	14. MOTHER'S MAIDEN NAME Brice						
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In one of unknown 16. (If yes, give wor or doles of service) 16. OP 6-09-9220	Informant Irs. Elise Myers Queen St Chestertown						
Z	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
CERTIFICATION	20a. EXTERNAL CAUSE WAS PERFORMED? YES NO CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  ACCIDENTALLY TOUCHED 2400 VOIT line in Flecture Substation							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	ACE OF INJURY (Hame, farm, 120f, (City or town) (Caupty) (State)						
	27. I certify that took harge af the remains described above, held an Autapsy , Inspection , Inquiry , and find that death resulted traps: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .  ACTUAL SIGNATURE  M.D. CHIEF MEDICAL EXAMINER							
	EXAMINER'S O.S. GULBRANDSEN	MD DEPUTY MEDICAL EXAMINER Aching 8/3/61						
L	BUTIAL CREMATION, 22b. DATE THEREOF Chester C	emetery Chestertown, Md.						
23.	EUNERAL DIRECTOR'S SIGNATURE Chestertown	Md. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITCHIAN S. Trans						

HEADON STADISTING STEVEN AND LEASE. 

ineral

filled

0

				15802	
	4. 7.5				
	A STATE OF THE PARTY OF THE PAR				
AM ASHIT SE	A 1	N. S. IA	West Artist		
			La		

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9228

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	- CTATE DO	yland b. CO	If institution: Rasidance before admission) UNTY Kent
write RURAL end give neerest town) Chestertown	LENGTH OF STAY IN 16	Cheste	rtown (rural)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital Kent & Queen Anne's Hospital	, give streat addrass)	RFD#2		IS RESIDENCE     ON A FARM?     YES    NO
(,,,==,,,,,,,		innamon	4. DATE MO OF DEATH	14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED   B.	5/29/03	9. AGE (In year lest birthder 58 yrs	Months Deys Hours Min.
done during most of working life, even if retired) Housewife	OF BUSINESS OR INDUSTRY	Maryland	inty & Stete, or foreign count	12. CITIZEN OF WHAT COUNTRY! U.S.A.
13. FATHER'S NAME Samuel J. Boyd		14. MOTHER'S MAIDEN	ra H. Scully	
(Yes, no, or unkown) (Ifyesgivawerordetasofservice)  18. CAUSE OF DEATH [Enter only ona ceuse per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmo DUE TO  Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause last.	onary embol:		perative	ital records ween onset and death 45 minute
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While et work  21. I certify that (I) (this hospital) attended saw the deceased alive on 8-14-61	Not While tactor all work   the deceased from	death occured at.	20f. (City or town)	(County) (State)  (County) (State)  19.61 that (I) (we) last above 22b. DATE SIGNED
REMOVAL SPECIFY)  24 JUNEAU BRECTOR'S SIGNATURE	ac. NAME OF CEMETERY OF	R CREMATORY	EC'D BY REGISTRAR 256.	

	A THE RESERVE THE PARTY OF THE	SIGNIAR PROPERTY OF THE PARTY O
		A S S D S D S D S D S D S D S D S D S D
2noll	bre Lyze't	-Jenst
	Gnorbersonn (rurež)	and de mest danno
n de Sa		North a would demot be long to the
11	0 nominal	Tholas Cathorine B
	5/29,03	oficit elemen
.4.8.0	territ in the second	92.1.0000
	fine ii. Soully	Cannel J. Boyd
daman ca	isa , pastoperative	TOURS VIDEORID
19	7-30 61 8-13 2:25(a.s.	ig-al-s
13-17-3		
	, medicecheno	A.C. Dick The Control of the Control
	Marie Williams	

- 3 2 DEO 1 113 P

### MARYLAND STATE DEPARTMENT OF HEALTH

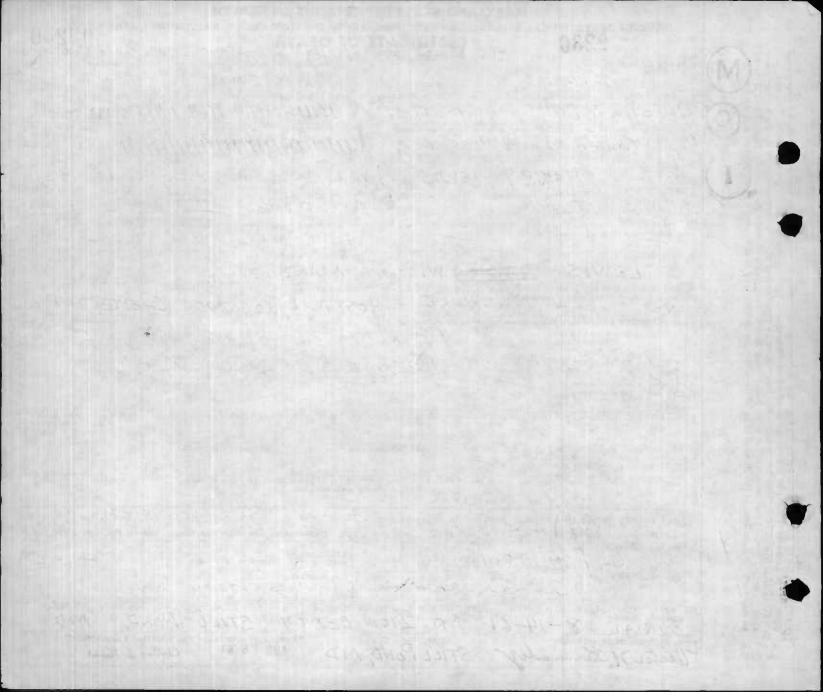
	MARITAN SIAIS SI			•	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS.	301 W. PRESTO	N STREET.	BALTIMORE 1.	MARYLAND
9229	L RESEARCH AND RECORDS,  CERTIFICATE	OF DEAT	H		032

		Film G293 8/5	L/OI IWK				
1. PLACE OF DEATH	Item 9		2. USUAL RESIDE	NCE (Where dece	esed lived, If	institution: Residen	ca before edmission)
. county Kent			e. STATE Mona	ml n md	b. COUN		mt
	if outside corporate limits.	MARYLAND  c. LENGTH OF STAY IN 16	_	yland	-4 - 11 - 1414	Ke	
	give neerest town)	c. LENGIH OF STAT IN ID	c. CITY OR TOWN	(ir outside corpora	ate limits, write	e KUKAL end give	neerest town)
Chestert	own	3 days	Rock Ha	all			
d. NAME OF HOSPI	TAL OR INSTITUTION (if not i	n hospital, give street address)	d. STREET ADDRESS	S			. IS RESIDENCE
Kant & O	Anna In H.	ibal	1				YES NOT
Kent & Q	ueen Anne's Ho	Middle	Lest	4. DATE	Month	Dev	Y22" 110 []
DECEASED	11121	Wiggle	resi	OF	Monii	1 Dey	1001
(Type or print)	Mary	Pownall	Tierney	DEATH	8	2	6 1961
5. SEX	6. COLOR OR RACE 7. M	ARRIED TO NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeer	IF UNDER T YEAR	IF UNDER 24 HRS.
70. 7	7.75 2.1		9/9/07		last birthday	Months Days	Hours Min.
Female	I IIII OC	OWED DIVORCED	-1-1	55/	54 yrs.	10 (17175)	S MALAT COLLUTAVA
dona during most of wo	ION (Give kind of work   1)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	unty & Stele, or lo	reign country)	12. CITIZEN C	OF WHAT COUNTRY?
Housew			Penns	svlvania		U.S.	
13. FATHER'S NAME		Control of Paragraph	14. MOTHER'S MAIDEN				
171 1 70			TO.	13 . 10 . 3 (			
Vincent P				rtha Wali			
	ER IN U.S. ARMED FORCES? fyes give wer or detas of service		INFORMANT		Address		
no	C		James J. Tier	rnev	Rock	Hall, Ma:	rvland
	EATH [Enter only one couse				0011		TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY.						SET AND DEATH
1110	IMMEDIATE CAUSE (e)_ N1	stritional and	i probable	electro	olyte	disturb	ance
10	DUE TO	in to womiting	and makes				
Conditions, if eny	al al	ue to vomiting	g and refus				al Weeks
Conditions, if eny	, which (b)					Severa	al Weeks
geva risa to immedi (a), stating the u	, which (b)	ne to vomiting					al Weeks
geva risa to immedi	, which (b)	ongestive fail	lure s and insuf	Sal to	eat	Severa	al Weeks
geva risa to immedi (a), stating the u	, which (b)	ongestive fail	lure	Sal to	eat	Severa	al Weeks oths
geva risa to immedi (a), stating the u	, which (b)	ongestive fail	lure s and insuf	Sal to	eat	Severa 6 mon Mar (EN IN PART 1(0)	al Weeks
geva risa to immedi (a), stating the u	(b) DUE TO C R SIGNIFICATIONS	ongestive fail	lure s and insuf	Sal to o	eat	Severa 6 mon Mar (EN IN PART 1(0)	al Weeks aths by Years Performed?
geva risa to immedi (a), stating the u	AS UNDERLYING CODE CAUSE OF DEATH	ongestive fail	lure s and insuf	Sal to o	eat	Severa 6 mon Mar (EN IN PART 1(0)	al Weeks aths by Years Performed?
geva rise to immedical, stating the uccuse lest.  PART II. OTHER  PART III. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY	which (b)  ofe couse nderlying DUE TO CO  R SIGNIFICATIONS  AS UNDERLYING   20b.	ongestive fail	lure s and insuf	Sal to o	eat	Severa 6 mon Mar (EN IN PART 1(0)	al Weeks aths by Years Performed?
geva rise to immedical, stating the uccuse lest.  PART II. OTHER  PART III. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (d)  (e)  (d)  (e)  (d)  (e)  (e	DESCRIBE HOW INJURY OCCUR	lure  and insuf  NOT RELATED TO THE TERM  ED. (Enter neture of injury in	Eficience INNAL DISEASE CO	eat	Severa 6 mon Mar (EN IN PART 1(0)	al Weeks aths by Years Performed?
geva rise to immedical, stating the uccuse lest.  PART II. OTHER  PART III. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU- Hour a.m.	AS UNDERLYING OCH CAUSE OF DEATH MEDICAL EXAMINER)  OUT TO COMMENT OF THE COMMENT	DIRECTIVE FAIL STATE OF THE PROPERTY OF THE PR	lure  and insuf  OT RELATED TO THE TERM  ED. (Enter neture of injury in	Eficience INNAL DISEASE CO	eat	Severa 6 mor Mar (EN IN PART 1(a)	al Weeks  iths  y Years  PERFORMED?  YES   NO R
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  PART III. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU- Hour a.m. p.m.	AS UNDERLYING OCH CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED While Not While I work el work	Lure  B and insuf  HOT RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe- lictory, street, office bldg., et	Eficience INAL DISEASE CO	eat  Of item 18.)  or town)	Severa 6 mon Mar (EN IN PART I(a))	ths  y was AUTOPS? PERFORMED? YES NO W
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  PART III. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU- Hour a.m. p.m.	AS UNDERLYING OCAL CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19 hat (I) (this hospital) as	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 1 work et work 1	Lure  B and insuf  HOT RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe- lictory, street, office bldg., et	Eficience INAL DISEASE CO	eat  Orbition GIV  of item 18.)  or town)	Severa 6 mon Mar (EN IN PART I(a)) (County)	The last (I) (we) last
Geva rise to immedial, stating the uccuse lest.  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify to	AS UNDERLYING OCAL CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19 hat (I) (this hospital) as	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 1 work et work 1	Lure  B and insuf  HOT RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe- lictory, street, office bldg., et	Eficience INAL DISEASE CO	eat  Orbition GIV  of item 18.)  or town)	Severa 6 mon Mar (EN IN PART I(a)) (County)	The last (I) (we) last
Geva rise to immedial, stating the uccuse lest.  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify to	AS UNDERLYING OCAL CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19 hat (I) (this hospital) as	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED While Not While I work el work	LACE OF INJURY (Home, fectory, street, office bldg., et death occurred 10	Eficience In Part I or Pert II or  rm, 20f. (City of tc.)  19, to  12.5 AMm	of item 18.)  or town)  1. 19/26/ the causes	Severa 6 mon Mar (EN IN PART I(a)) (County)	Al Weeks  The Wat AUTOPS PERFORMED? YES NO WAT  (State)  that (I) (we) last ate stated above 22b, DATE
geva rise to immedical, stating the uccuse lest.  PART II. OTHER  20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU-Hour a.m. p.m.  21. I certify the saw the decease	AS UNDERLYING OCAL CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19 hat (I) (this hospital) as	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 1 work et work 1	Lure  3 and insuf  10T RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fectory, street, office bldg., et  1	Fficience MINAL DISEASE CO.  Term, 20f, (City of to.)  19, to  225 AMm  MED.	or town)	6 mon (County) (County)	Weeks  WAS AUTOPS PERFORMED? YES NO WAS  (State)  that (I) (we) last ate stated above.  22b. DATE SIGNED
geva risa to immedi (a), stating the u ceuse lest.  PART II. OTHER  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU Hour a.m. p.m.  21. I certify t saw the deceas 22a. SIGNATURE	AS UNDERLYING OCAL CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Dey, Yeer  19 hat (I) (this hospital) as	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURRED 1 work et work 1	Lure  3 and insuf  10 TRELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe-  10 totory, street, office bldg., et  11 death occured brown, at death occured brown, at the company of the compan	Eficience In Part I or Pert II or  rm, 20f. (City of tc.)  19, to  12.5 AMm	of item 18.)  or town)  1. 19/26/ the causes	6 mon (County) (County)	Al Weeks  The Wat AUTOPS PERFORMED? YES NO WAT  (State)  that (I) (we) last ate stated above 22b, DATE
geva rise to immedical, stating the uccuse lest.  PART II. OTHER  20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU-Hour a.m. p.m.  21. I certify the saw the decease	AS UNDERLYING   20b. CAUSE OF DEATH MEDICAL EXAMINER)  Residults have been seen as a constant of the constant	DINGESTIVE FAIL  CONTRIBUTING TO DEATH BUT IN  DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While It work et work et work in the strended the deceased from 161	Lure  3 and insuf  FOOT RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe-  citory, street, office bldg., et  at death occurred in  ATTENDING  PHYS.  22d. ADDRESS	Fficience MINAL DISEASE CO.  Part I or Pert II of the co.  19, to	or town)  9/26/ the causes  STAFF PHYS.	6 mon (County) (County)	Weeks  WAS AUTOPS PERFORMED? YES NO WAS  (State)  that (I) (we) last ate stated above.  22b. DATE SIGNED
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify the saw the decease 22e. SIGNATURE	AS UNDERLYING   20b. CAUSE OF DEATH MEDICAL EXAMINER)  Residults have been seen as a constant of the constant	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work 19	Lure  and insuf  Bot RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe-  lactory, street, office bldg., et  at death occured 10  ATTENDING PHYS.  22d. ADDRESS  Chest	Fficience In Part I or Part II or Part	or town)  STAFF PHYS.   Md.	6 mon (County) (County) 61. 19, 19, 19, 8/	Weeks  WAS AUTOPS PERFORMED? YES NO WAS  (State)  that (I) (we) last ate stated above.  22b. DATE SIGNED
geva rise to immedical, stelling the ucuse lest.  PART II. OTHEI  20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUHOUS a.m., p.m.  21. I certify the saw the decease 22e. SIGNATURE  22e. PHYSICIAN'S NAME (Type)	AS UNDERLYING   20b.  CAUSE OF DEATH MEDICAL EXAMINER)  Residults have been been been been been been been be	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work at the deceased from 161	Lure  and insuf  Bot RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe-  L	Fficience MINAL DISEASE CO.  Part I or Pert II of the co.  19, to	or town)  STAFF PHYS.  Md.  TION (City, to	(County)  (County)  (County)  (County)	(State)  Al Weeks  A
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU-Hour a.m. p.m.  21. I certify is saw the deceased and th	AS UNDERLYING   20b.  CAUSE OF DEATH MEDICAL EXAMINER)  Residults have been been been been been been been be	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work at the deceased from 161	Lure  and insuf  Bot RELATED TO THE TERM  ED. (Enter neture of injury in  LACE OF INJURY (Home, fe-  L	Fficience MINAL DISEASE CO.  Part I or Pert II of the co.  19, to	or town)  STAFF PHYS.   Md.	(County)  (County)  (County)  (County)	(State)  Al Weeks  A
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify the saw the decease saw	AS UNDERLYING ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH M	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work 19	ED. (Enter neture of injury in LACE OF INJURY (Home, fe ctory, street, office bldg., et death occured 100 ATTENDING PHYS.  22d. ADDRESS Chest OR CREMATORY Crematory	Fficience MINAL DISEASE CO.  19, to  19, to  19, to  20f. (City of the control of th	or town)  Md  TION (City, to ng ton)	(County)  (Dela	ths  y years y was AUTOPSY PERFORMED? YES NO W  (State)  that (I) (we) last ate stated above. 22b. DATE SIGNED  (Stete)
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU-Hour a.m. p.m.  21. I certify is saw the deceased and th	AS UNDERLYING ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH M	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work at the deceased from 161	ED. (Enter neture of injury in LACE OF INJURY (Home, fe ctory, street, office bldg., et death occured 100 ATTENDING PHYS.  22d. ADDRESS Chest OR CREMATORY Crematory	Fficience MINAL DISEASE CO.  19, to  19, to  19, to  20f. (City of the control of th	or town)  Md  TION (City, to ng ton)  AR   25b. Ref	(County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (Delastic strains and on the delastic strains and on	ths  y years y was AUTOPSY PERFORMED? YES NO W  (State)  that (I) (we) last ate stated above. 22b. DATE SIGNED  (Stete)  4.
geva rise to immedia, stelling the uceuse lest.  PART II. OTHER  PART II. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify the saw the decease saw	AS UNDERLYING ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER OF DEATH MEDICAL EXAMINER ODE CALLS OF DEATH MEDICAL EXAMINER OF DEATH M	DESCRIBE HOW INJURY OCCUR  20d. INJURY OCCURED While Not While I work el work at the deceased from 161	ED. (Enter neture of injury in LACE OF INJURY (Home, fe ctory, street, office bldg., et death occured 100 ATTENDING PHYS.  22d. ADDRESS Chest OR CREMATORY Crematory	Fficience MINAL DISEASE CO.  Part I or Pert II of the co.  19, to	or town)  Md  TION (City, to ng ton)  AR   25b. Ref	(County)  (Dela	ths  y years y was AUTOPSY PERFORMED? YES NO W  (State)  that (I) (we) last ate stated above. 22b. DATE SIGNED  (Stete)  4.

MEKE 10/8/E . . . . den total , Lace of the terrinal of the total of buty'tional and probable electrolyte disturcinger Several Madra due to vomiting and refusal to dat Commostive ful lure Andren è the of your stands and insufficiency 10/35/2 10:25% 10/05/8 Chestortown, Md. Robert W. Ferr

OF STATISTICAL RESEARCH BIRTH CERTIFICATE funeral RESIDENCE (Where decassed lived, If institution: Residence before admission) I. PLACE OF DEATH a. COUNTY the day MARYLAND b. CITY OR TOWN (if outside corporate limits. outside corporate limits, write RURAL and give near st town) and c. LENGTH OF STAY IN 16 þ Write RURAL and give nearest town) Pond .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? ANNE'S NO F completely papers. NAME OF Middle Day DECEASED OF 186 (Type or print) DEATH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR carbo NEVER MARRIED and last birthdey) WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY гетоме dona during most of working life, even if ratired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending NALLE 16. SOCIAL SECURITY NO. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yas give war or dates of service) CHESTERTOWN. NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN certificate has been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUF TO attending Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY 98 PERFORMED? 9 NO . use prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) ρ this 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) DIRECTOR: After Month, Day, Year fectory, street, offica bldg., atc.) While Not White Hour a.m. at work at work p.m. (Mis hospital) attended the deceased from AUG 13 Pe 19.61 to.... ......196 and that death occurred at 6.3M, from the causes and on the date stated above pluods ate saw the deceased. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 1 M.D. 22d. ADDRESS 22c. PHYSICIAN'S JULBRANDSGN, MID NAME (Type) CHESTERTOWN ector, 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify) P G ig a 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE AUG 1 5 '61 VR A15 (4) 15M 9/60 2072316XV

RYLAND STATE DEPARTMENT OF HEALTH



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND DEL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town === STERTOWN filled ir Pages e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? YES NO completely papers. DATE NAME OF OF DECEASED DEATH 19 6 (Type or print) AGE (In yeers | IF UNDER 1 YEAR carbon IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Months and DIVORCED WIDOWED | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY physician 10e. USUAL OCCUPATION (Give kind of work remove 9 done during most of working life, even if retired) 13. FATHER'S NAME please affending (Yas, no, or unkown) | (Ifyas give war or dates of sarvice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] physician. ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed burial-transit DUF TO attending Conditions, if eny, which has been geve rise to immadiete ceusa DUE TO certificate has bor use as the buri (a), steting tha underlying ceusa lest. 0 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? hospital NO 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH After this detached 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year fectory, straat, office bldg., etc.) Not While While Hour e.m. et work et work DIRECTOR: Ary 19(0), that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from & M, from the causes and on the date stated above. and that death occured at. ....19... saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING PHYS. STAFF SIGNED DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S director, be filed 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION. Md. Chestertown, REMOVAL (Spacify) 8/22/61 TO Buria. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chestertown, Md. DATE AUG 2 4 '61 arthur S. Kraus 15M 9/60

ACTUAL MANAGE TO LOCK TO A STATE OF THE PARTY OF THE PART マナイタマナイ・ボラダケ Harry the Kass seem to be come it Charleston the THE SERVE ME STANKE CEM THE SERVE THE MET state of the or the best own the same of the same of the